

Dallas County Dental Society Member Referral Form

Name: _____

Primary Mailing Address Home Office

Office One:

Address _____

City _____ State _____

Telephone Number (____) _____

Suite Number _____

Zip Code _____

Facsimile Number (____) _____

Office Two:

Address _____

City _____ State _____

Telephone Number (____) _____

Suite Number _____

Zip Code _____

Facsimile Number (____) _____

Office Three:

Address _____

City _____ State _____

Telephone Number (____) _____

Suite Number _____

Zip Code _____

Facsimile Number (____) _____

Office Hours _____

Available Days _____

These are services requested most often by the public. Please check which of the following services that is offered by your office.

- | | |
|--|---|
| <input type="checkbox"/> Air Abrasion | <input type="checkbox"/> Laser Whitening |
| <input type="checkbox"/> Bleaching/Whitening | <input type="checkbox"/> Lasers |
| <input type="checkbox"/> Bonding | <input type="checkbox"/> Lingual Braces |
| <input type="checkbox"/> Bus Line Close By | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Children | <input type="checkbox"/> Medically Compromised |
| <input type="checkbox"/> CHIP | <input type="checkbox"/> Medicare |
| <input type="checkbox"/> Conscious Sedation | <input type="checkbox"/> Mentally Handicapped |
| <input type="checkbox"/> Cosmetic Dentistry | <input type="checkbox"/> Nitrous Oxide |
| <input type="checkbox"/> Crown & Bridge Partials | <input type="checkbox"/> Nursing Homes |
| <input type="checkbox"/> Dentures | <input type="checkbox"/> On-Site Lab |
| <input type="checkbox"/> Digital X-Rays | <input type="checkbox"/> Open Fridays |
| <input type="checkbox"/> Emergencies | <input type="checkbox"/> Open Saturdays |
| <input type="checkbox"/> Evening Hours | <input type="checkbox"/> Payment Plans |
| <input type="checkbox"/> General Anesthesia | <input type="checkbox"/> Physically Handicapped |
| <input type="checkbox"/> Halitosis | <input type="checkbox"/> Portable Equipment |
| <input type="checkbox"/> Headphones | <input type="checkbox"/> Relaxation Methods |
| <input type="checkbox"/> Homebound Treatment | <input type="checkbox"/> Restorative Dentistry |
| <input type="checkbox"/> Hospital Privileges | <input type="checkbox"/> Root Canals |
| <input type="checkbox"/> Hypnotism | <input type="checkbox"/> Sealants |
| <input type="checkbox"/> Implant Procedures | <input type="checkbox"/> Senior Citizens Discount |
| <input type="checkbox"/> Intra Oral Camera | <input type="checkbox"/> Sliding Fee Scale |
| <input type="checkbox"/> IV Sedation | <input type="checkbox"/> TMJ |
| <input type="checkbox"/> Ultrasonic Cleaning | <input type="checkbox"/> Ultrasonic Cleaning |
| <input type="checkbox"/> Laser Restoration | <input type="checkbox"/> Wheelchair Access |

Other Services: _____
